Equal Employment

The Illinois Education Association-NEA does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, pregnancy, age, ancestry, disability, marital status, sexual orientation, veteran status, or other status protected by applicable federal, state or local law.

Illinois Education Association - NEA

Employment Application

Please complete and return with supporting documents to the IEA Human Resource Department.

Illinois Education Association-NEA 100 East Edwards Street Springfield, IL 62704-1999 (217) 544-0706 • Fax: (217) 544-7383

Staff Employment Application

Name (Last)	(First)		(Middle)		
Home Address		City	State	Zip Code	
How long at present address?			Home Phone Number Include Area Code		
Cell Phone Number Include Area Code			Email Address		
Position applied for			Date Available		
Will you relocate?	Yes	No	Geographical preference of position		
How did you come in contact with the IEA-NEA?					

Have you ever worked for or applied for a position with the IEA-NEA? (If YES give detail below. If you need more space, please give detail in "Additional Information"			Yes	No	
(1) 123 give detail below. If you need more space, please give detail in Traditional information			detail iii Additional injornation		
Education					
Institution's Name and Address	Dates of Er	nrollment	Major Field of Study	Graduation In	formation
High School	From (MM/YR)	To (MM/YR)		Did you graduate?	
				Yes	No
				When (MM/YR)	
College or University	From (MM/YR)	To (MM/YR)		Did you graduate?	
				Yes	No
				When (MM/YR)	
Graduate Study	From (MM/YR)	To (MM/YR)		Did you graduate?	
				Yes	No
				When (MM/YR)	
Other	From (MM/YR)	To (MM/YR)		Did you graduate?	
				Yes	No
				When (MM/YR)	
			ng? (Exclude all information which relaus, sexual orientation, ancestry, and dis		ace, religion,
Special skills, languages, hobbies, interests					

U.S. Military Experience

Service Branch	Dates of Active Duty	Final Rank (include final rank at discharge but not type of discharge.)	Duties Performed	Selective Service Classification

Employment Record	The Association may contact the employer		ontact the employers listed on this application.
In order to determine proper placement on the application. List your most recent position first.		relevant experi	ence must be included with this employment
Employer's Name, Complete Address & Phone	Dates Employed		Position Title
	From (MM/YR)	To (MM/YR)	
	Full Time	Part Time	Name & Title of Supervisor
	Reason for Leavin	g	
Summarize your most important duties and res	ponsibilities. Cite si	gnificant accom	plishments.
Employer's Name, Complete Address & Phone	Dates Employed		Position Title
	From (MM/YR)	To (MM/YR)	
	Full Time	Part Time	Name & Title of Supervisor
	Reason for Leavin	g	
Summarize your most important duties and res	ponsibilities. Cite si	gnificant accom	plishments.
Employer's Name, Complete Address & Phone	Dates Employed		Position Title
	From (MM/YR)	To (MM/YR)	
	Full Time	Part Time	Name & Title of Supervisor

	Reason for Leavin	g		
Summarize your most important duties and responsibilities. Cite significant accomplishments.				
L				
Employer's Name, Complete Address & Phone	Dates Employed	I	Position Title	
	From (MM/YR)	To (MM/YR)		
	Full Time	Part Time	Name & Title of Supervisor	
	Reason for Leav	ing		
Summarize your most important duties and responsibilities. Cite significant accomplishments.				
If you have had more than four employers, list th	nem under "Δdditio	nal Information	From Preceding Pages "	
ij you nave naa more than Joan employers, list ti	iem anaci Additio	nai injorniadon	rrom rreceasing rayes.	

References

List three business or professional references. References should be familiar with, and able to comment on your work.

Name	Address	Telephone No.	Occupation	Years Known

Additional Information From Preceding Pages

Additional Information Continued
Applicant's Authorization
I authorize the Illinois Education Association-NEA to make such investigation as it deems appropriate and authorize any person,
educational institution, employer and entity to provide the Association with any information that may be requested by the Association
to arrive at an employment decision. I release all parties communicating this information, as well as the Illinois Education Association
NEA from any liability or damage caused by the communication of such information.
I certify that all of the information submitted by me on this application is true and correct. I understand that any false information,
omission, or misrepresentation of fact contained in this application (or in the resume I have submitted to the Illinois Education
Association-NEA) will be cause for the denial of my application, or, if I am employed, discharge at any time.
I certify that I have read and understood the foregoing paragraphs.
Applicant's Signature: Date:
If submitted electronically, a copy with applicant's original signature must follow via US mail.

This section must be completed for all professional and management positions.

Training & ExperiencePlease describe briefly your training and/or experience in the following areas.

Negotiations and/or Bargaining
Grievance Processing (individual and/or class grievances)
Arbitration
Arbitration
Leadership Development
School Finance
Organizing Associations or Units
Community Organizing

Public Relations	
Educational Issues	
Political Action	

Additional Training & Experience